

CHEST WALL OSCILLATING DEVICE (AIRWAY VEST SYSTEM)

Service Authorization Required CMN Required: (may use facilities)

COVERAGE AND LIMITATION

CRITERIA/POLICIES

DURABLE MEDICAL EQUIPMENT MANUAL

EFFECTIVE: MARCH 2007 REVISED: FEBRUARY 2017

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Indications and limitations of coverage and medical appropriateness:

Coverage allowed if the patient is unable to cough or remove phlegm on their own, and must have one of the following diagnosis:

- Moderate or severe cystic fibrosis,
- · Ciliary dyskinesis,
- Bronchiectasis, or
- Neuromuscular disorder (Muscular dystrophy, Multiple Sclerosis, ALS)

Initial approvals will be given for a three to six month trial period.

Documentation Requirements:

Prescribing physician must address the following questions in the medical documentation when the service authorization is requested:

- Does the member currently have a vest/generator?
- What other bronchial drainage device/treatment has been tried, and why did it fail?
- Can the member use the vest effectively?
- Does the vest/generator meet all the bronchial drainage therapy needs?
- What is the frequency of antibiotics or hospitalizations and the associated costs over the past one year?



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- A prescription from prescribing physician
- Physician's documentation needs to address medical necessity.
- Supplemental documentation from other disciplines may be submitted as additional supporting documentation.
- Renewal requests should document member compliance, update of therapy plan and current medications, and a history of any hospitalization during the trial period.
- Only one compressor allowed per household. No exceptions
- Limited to one every ten years.

Non-covered:

• NDMA will not reimburse providers for bronchial drainage performed by a therapist or any other health care professional while the member has a functional bronchial drainage vest. It is also recommended that the family members maintain their manual chest percussion therapy (CPT) skills.

Date Revised	Revisions
February 2017	Reviewed and revised.

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